SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 63
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Assurant Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Christopher Dowler

Mailing Address N54W20859 Carters Crossing Cir

City	State	Zip Code
Menomonee Falls	WI	53051-6281

FEC ID number of contributing
federal political committee. C

Name of Employer
ASSURANT HEALTH

Occupation
SVP, CHIEF INFO OFFICER

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1369.28

Date of Receipt
08 / 15 / 2014
Transaction ID : 20140819153748-102
Amount of Each Receipt this Period
85.58

B. Full Name (Last, First, Middle Initial)
Christopher Dowler

Mailing Address N54W20859 Carters Crossing Cir

City	State	Zip Code
Menomonee Falls	WI	53051-6281

FEC ID number of contributing
federal political committee. C

Name of Employer
ASSURANT HEALTH

Occupation
SVP, CHIEF INFO OFFICER

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1369.28

Date of Receipt
08 / 29 / 2014
Transaction ID : 2014090317754-102
Amount of Each Receipt this Period
85.58

C. Full Name (Last, First, Middle Initial)
Steven Dziedzic

Mailing Address 2016 N Hubbard St

City	State	Zip Code
Milwaukee	WI	53212-3340

FEC ID number of contributing
federal political committee. C

Name of Employer
ASSURANT HEALTH

Occupation
SVP, NEW BUSINESS DEVELOPMENT

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
08 / 15 / 2014
Transaction ID : 20140819153748-83
Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional).. ▶ 371.16

TOTAL This Period (last page this line number only).............................. ▶

FE6AN026

FEC **Schedule A (Form 3X)** Rev. 02/2003